

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/807481

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			0			
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46						
47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			4			
TOTAL CLAIMS			5			

TOTAL IND.		1		
TOTAL DEP.		1		
TOTAL CLAIMS		1		